

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT--" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Great Western Drilling Company		8. FARM OR LEASE NAME Quail Federal	
3. ADDRESS OF OPERATOR P.O. Box 1659, Midland, TX 79702		9. WELL NO. 8	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 760' FSL & 900' FEL of Section 4, T-6-S, R-25-E Unit P, SE 1/4 SE 1/4		10. FIELD AND POOL, OR WILDCAT Pecos Slope Abo	
14. PERMIT NO. API #30-00562802		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4, T-6-S, R-25-E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3,989' GR (3,998' RT)		12. COUNTY OR PARISH Chaves	
		13. STATE NM	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input checked="" type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>		

17. IN WELLS PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

05/03/91: Left well open overnight making 2' flare of gas, ran swab, recovered 1,200' fluid, released RTTS Pkr, POH, nipples down BOP, RU Dowell, fraced well with 40,000 gals. Cross-Link Gel containing 60,000 lbs. 20-40 mesh Sd. & 30,500 lbs. 12-20 mesh Sd., well treated @ 10 BPM @ Max. Press. 1,415 psi, Avg. Press. 1,000 psi, ISIP 655 psi, load to recover: 828 bbls.

05/05/91: SIP 80 psi, opened well to tank, flowed 1 hr. & died, rec. 10 Bbls., TIH w/S.N. & 2-3/8" Tbg., tagged Sd. @ 3,966' (86' of fill), set tbg @ 3,933', swabbed 34 bbls. (gel not broke), still 802 BUL, shut down.

05/06-09/91: Swabbed & flowed, 290 BUL.

05/10/91: 15 hr. SITP 220 psi, SICP 730 psi, opened well up and washed down 63', flowed & cleaned up well, left well flowing overnight.

05/11/91: FTP 0 psi & csg 140 psi, removed stripped head, set tbg @ 4,028', swabbed-well kicked off-put well on full open choke, FTP 15 psi & csg 120 psi, 231 BUL, S.I.

05/13-16/91: Flowing to clean up, FTP 40 psi & csg 120 psi, gas rate 295 MCFD, 100 BUL.

- continued -

18. I hereby certify that the foregoing is true and correct

SIGNED <u>P. B. Myer</u>	TITLE <u>Asst. to Gen. Supt.</u>	DATE <u>06-06-91</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side